ARIZONA FORM

Arizona Income Tax Return for an S Corporation

1998

120S		For taxable v	year beginning	19 and ending		19			IECK ONE	_
		·		•			Orig		Amended	_
		Mail to: Ariz	cona Department of Revenue, PO	Box 29079, Phoenix AZ 850)38-9079		Calanda		IECK ONE ar □ Fiscal year □	7
Business telephone	numbor	1	Name						oyer ID number	_
business teleprione	Humber	Please	Nume				reactar	cmpic	yer ib namber	
()		print	Number and street				AZ withholding tax number			
Business activity code number		or type	or type				·			
from your federal Fo	orm 112	0S)	City or town, state and ZIP code				AZ trans	action	n privilege tax number	_
Check box if:	П	This is a first ret	turn Name change	Address change		For Do	OR use or	ıly		
			-							
			n's final Arizona return?							
69	-		Dissolved Withdrawn Messessor corporation	nerge/Reorg 🔲	4					
			e successor corporation within and without the							
			within and without the	Yes No	88					
		s a composite return being filed?						_		
		Total number of nonresident shareholders								
	E Tota	al number of resid	lent shareholders		81			66		_
Distributive	_	-		44000 0 1 1 1 1/			Г			
Income			income (loss) - from federal Form					1	00)
			11 ONLY IF THE S CORPORATION F THAT IS NOT REQUIRED TO COMP							
			Y FROM THE RECAPTURE OF TAX		FLETE LINES	12-30 11 1116 3 00	JKF OKA I	ION		
Income Subject	t 2	Excess net nassi	ive income		2		00			Ī
to Federal and		•	Ilt-in gains				00			
Arizona		. •	ome subject to corporate income t					4	00)
Corporate			NA S CORPORATIONS GO TO							
Income Taxes		5 Nonapportionable or allocable income - attach schedule						5	00	<u>)</u>
	6	Apportionable inc	come - <i>subtract line 5 from line 4</i> .					6	00	<u>)</u>
			nment ratio - see Schedule B inst							_
			ned to Arizona - <i>line 6 multiplied b</i> ocated to Arizona <i>- attach schedu</i>	•				9	00	_
			ocated to Anzona - <i>attach scriedd</i> ibutable to Arizona - <i>add lines 8 a</i>				<u> </u>	10	00	
			ect to Arizona corporate income ta						00	
			state S corporations - enter amou					11	00	
Tax and	12		nstructions before completing this					12	00)
Credits	13	Tax from recaptu	ire of credits - from Arizona Form	300, Part II				13	00)
	14						14	00)	
	15		m Arizona Form 300, Part II					15	00	<u>)</u>
			er form number for each credit cla			3				
	17 10		ct line 15 from line 14 Istries recapture tax - from Arizona				_	17 18	00	
	19		d lines 17 and 18					19	00	
-	20		ling Arizona Form 120EXT - <i>attac</i>			1	00	17		_
Payments	21		lyments made with Arizona Form				00			
i ujilicinis	22		add lines 21 and 22. Amended re					22	00)
	23	Balance of tax du	ue - If line 19 is larger than line 22	, enter balance of tax due. S	Skip line 24			23	00)
	24	Overpayment of	tax - If line 22 is larger than line 1	9, enter overpayment of tax			····-	24	00)
Dofund or	25	<u> </u>					25	00		
Refund or Tax Due	26						26	00		
	27							27	00	-
	28		T - <i>see instructions</i> 8 to be applied to 1999 estimated					28	00	
			unded - subtract line 29 from line				00	30	00)
	30	, amount to be let	andod Subtract fille 27 HUIII IIIIC					-	Ext. Code	_
									82	

	A1 Date business began in Arizona or date income was first derived from Arizon	na sources						
	A2 Audit to be conducted at							
Schedule A	A3 Audit contact name and title							
Additional								
nformation	A4 Audit contact telephone no							
	A5 Have you been notified of a change in your federal net income tax liability for any year prior to the filing of this return?							
	State years (Note: Under ARS § 43-327 you must report these changes under sepa							
	cover, when final, to the Arizona Department of Revenue.)							
	List years for which federal waivers are in effect at the close of this year and the date on which they expire							
	A6 Principal business activity							
	A9 This return is made on the basis of: Cash Accrual Other							
		(Specify method)						
Schedule B	The following information must be submitted by all S corporations having							
Apportionment								
Formula	through B1(f). Arizona requires a double-weighted sales factor. See							
(Multistate	instructions on pages 8 and 9 before completing this section.	(a)	(b)	(c)				
S Corporations	monute on pages of analy account comproming and cooling	Total	Total	Ratio within				
Only)		within	everywhere	Arizona				
-	B1 Average yearly value of real and tangible personal property:	Arizona		(a) / (b)				
	(a) Inventory							
	(b) Depreciable assets - at original cost							
	(c) Land							
	(d) Other - describe							
	(e) Less construction in progress							
	(f) Less nonbusiness property							
	(g) Net annual rent paid for leased property, multiplied by 8							
	(h) Total real and tangible personal property used							
	B2 Wages, salaries, commissions and other compensation of employees							
	as shown per federal Form 1120S or payroll reports							
	B3 (a) Gross sales, less returns and allowances							
	(b) Sales delivered or shipped to Arizona purchasers							
	(c) Other gross receipts (rents, royalties, interest, etc.)							
	(d) Total sales within Arizona							
	(e) Double weight sales factor	X 2	-					
	(f) Sales factor ratio. For column (a), multiply line B3(d) by	X Z	_					
	line B3(e); for column (b), add lines B3(a) and B3(c)							
	B4 Total ratio - add lines B1(h), B2 and B3(f), in column (c)							
	B5 Average ratio - divide line B4 by four (4). Enter the result in column (c) and on page 1, line 7							
	III COIUITIII (C.) ATIU OII DAUE 1. IIITE /			I				

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Information on

Shareholders	Shareholders	Name and address	and/or federal ID number	ownership	of income (loss)	shareholder is nonresident		
	А							
	В							
	С							
	D							
	E							
	F							
	G							
	Н							
			TOTALS					
Certification	The following certificat	ion must be signed by one or more of the following of	ficers (president treasurer or a	ny other principa	l officer)			
	Under penalties of per schedules and statem	jury, I (we), the undersigned officer(s) authorized to sents, and to the best of my (our) knowledge and belied tax laws of the State of Arizona.	sign this return, declare that I (w	e) have examine	d this return, includir	ng the accompanying e taxable year stated		
Please Sign	Officer's signature Title					 Date 		
Here	Officer's signature		Date					
Paid Preparer's Use Only	Preparer's signature		Date)	1			
	Firm's name (or preparer's	if self-employed)			Preparer's TIN			
	Firm's address					ZIP code		

Distributive share

Percent of

Social security number

Check here if